

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018065-

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 586

FILED MAY 28 1962

1. PLACE OF DEATH a. COUNTY <u>BUCHANNA</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BUCHANNA</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. Joseph</u>		c. CITY OR TOWN <u>ST. Joseph</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3145 Midland</u>		d. STREET ADDRESS (If outside, give location) <u>3145 Midland</u>	
3. NAME OF DECEASED (Type or print) First <u>Wilson</u> Middle <u>A.</u> Last <u>CLARK</u>		4. DATE OF DEATH <u>5-24-62</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-15-1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. ARMY</u>	
13a. FATHER'S NAME <u>William S. Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie (UNKNOWN)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 19-18-1951</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>MRS Rachel Evelyn Clark</u>		14. NAME OF HUSBAND OR WIFE <u>Rachel Evelyn Allen</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u> DUE TO (b) <u>Coronary Artery Disease</u> DUE TO (c) <u>1 hour</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Previous Myocardial Infarction; previous stroke</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>12</u> Month, Day, Year <u>NOON</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>1/28/55 to 5/24/62</u>		
21. I attended the deceased from <u>1/28/55</u> to <u>5/24/62</u> and last saw him alive on <u>1961</u>		21. I attended the deceased from <u>12 NOON</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Donald Stallard, M.D.</u>		22b. ADDRESS <u>902 E. Edmund, St. Joseph</u>	
22c. DATE SIGNED <u>5/24/62</u>		22d. LOCATION (City, town, or county) <u>FT. LEAVENWORTH - KANSAS</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>5-24-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NAT'L Cem-</u>	23d. LOCATION (City, town, or county) <u>FT. LEAVENWORTH - KANSAS</u>
24. FUNERAL DIRECTOR <u>J.C. DAVIS UND. Co. LEAVENWORTH, KANSAS</u>		25. DATE RECD. BY LOCAL REG. <u>May 24, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Wm. Clark Goodell</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF D. Stallard, M.D.

JUN 6 1962

MAY 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E. Moulton

Licensed Embalmer No. 5048

P. O. Address Lancaster Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.